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Rhode Island Department of Health
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Office of Health Statistics
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Vol. 6, No. 12 December 2004 Edited by Jay S. Buechner, PhD

The Challenge of Eliminating Health Disparities among Rhode Island's Racial and Ethnic Minorities

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The disparities in health status, health risks, and access to health care experienced by persons of minority race and ethnicity are perhaps the greatest challenge facing public health in the United States. The importance of this challenge is manifested in many ways. In Rhode Island, Goal 1 of the recently adopted strategic plan for the Department of Health (HEALTH) is to address the overarching goals of Healthy Rhode Islanders 2010, which are to "eliminate health disparities" and to "increase quality and years of healthy life."[1] Both the national Healthy People 2010[2] and Healthy Rhode Islanders 2010[3] broadly define health disparities as occurring among groups defined by a variety of characteristics, including age, gender, education, income, disability status, sexual orientation, and geographic location, but most prominent in both documents are health disparities by race and ethnicity. Accordingly, HEALTH has developed a Minority Health Plan for Action with specific objectives and action steps designed to move us toward achievement of our broad goals.[4]

One of the objectives of the Minority Health Plan for Action addresses the need to assess the health of minority residents using a wide variety of health indicators. The usefulness of such broad assessments is two-fold – to compare health status, health risks, and access to care across groups (health disparities) and to judge which health-related problems have the greatest impact within a group (health burdens). HEALTH's Office of Minority Health produces a series of Minority Health Fact Sheets, one for each major racial and ethnic group in the state, as one such broad assessment. These fact sheets have been revised and updated recently;[5] this report presents selected data from the series.

Methods. The twelve health indicators presented in this report were drawn from the 32 indicators published in the most recent edition of the Minority Health Fact Sheets.[5] The indicators were selected based on (1) availability of reliable data for all or most groups, (2) format of the indicator (rate, percent, or median value), and (3) disease burden. The definitional details of the indicators are presented in the source documents.

The indicators are computed from HEALTH's key data sources, including the 2000 Census for Rhode Island, the Behavioral Risk Factor Survey, the Vital Records Birth and Death Files, Lead Screening Data, Tuberculosis Surveillance Data, and the HIV/AIDS Reporting System.[6] Multiple years of data were combined to produce indicators where necessary for statistical reliability.

Data on race and ethnicity as collected in each data source were grouped into uniform categories of African American, Asian and Pacific Islander, Hispanic/Latino, Native American, and White. Where both race and ethnicity were collected, persons of Hispanic origin were categorized as Hispanic/Latinos rather than by their race. Data for the four minority groups were compared with the statewide rate, which includes persons of all races and ethnicities.

Results. Table 1 presents data for the twelve health indicators organized by type of indicator. There is a strong pattern of disparity. For eight of the twelve indicators, the observed values for all minority groups with reliable data are worse than the statewide rate. These are –

- Percent of population in households with income below poverty
- Median household income
- Percent of pregnant women with delayed prenatal care
- Infant mortality per 1,000 live births
- Percent with blood lead ≥10μg/dL, ages 0-5
- AIDS incidence per 100,000 population
- Percent with a specific source of on-going health care, ages 18+
- Percent with a mammogram in past 2 years, women ages 40+

For the remaining four indicators, the values for all except one of the minority groups with reliable data are worse than the statewide rate. The single race/ethnicity group with a value equal to or better than the statewide rate varies across the indicators. The four indicators are –

- Percent overweight, ages 20+
- Percent cigarette smokers, ages 18+
- Tuberculosis incidence per 100,000 population
- Percent without health insurance, ages 18-64

For many of the twelve indicators, the values for minority groups are substantially worse than for the state as a whole. Examples are the indicators for socioeconomic status, for childhood lead exposure, for tuberculosis and AIDS incidence, and for lack of health insurance. In some cases, notably the measure for mammogram compliance, the differences between the values for minority groups and the state are small, representing less of a disparity.

For the most part, there is considerable variation among the four minority groups in their values for each indicator. No one group has the worst value for a majority of the twelve indicators. Native Americans, with the worst values on four indicators (out of the eight which have reliable data for that group), and African Americans, with the worst values on five indicators (out of twelve), appear to have the largest health disparities overall. Asian and Pacific Islanders, with the worst values on two indicators (out of ten), and Hispanic/Latinos, with the worst values on only one indicator (out of twelve), fare better, relatively.

Discussion. The health disparities experienced by minority racial and ethnic groups in Rhode Island are pervasive and persistent. These disparities are often rooted in more fundamental disparities in socioeconomic measures such as income, education, and occupation. Although public health cannot by itself address these

Table 1. Selected Health Indicators by Race and Ethnicity, Rhode Island

Indicator	Native American	African American	Asian and Pacific Islanders	Hispanic/ Latinos	State
Indicators of Socioeconomic Status					
Percent of population in households with income below poverty, 2000	39.0	30.0	22.0	36.0	11.9
Median household income, 2000	$22,813	$24,973	$36,472	$22,851	$42,090
Indicators of Health Risk					
Percent overweight, ages 20+, 2000-2003	61.0	65.2	33.4	62.6	56.9
Percent cigarette smokers, ages 18+, 2000-2003	52.3	26.1	25.7	16.7	23.0
Indicators of Health Status – Maternal and Child Health					
Percent of pregnant women with delayed prenatal care, 1998-2002	17.2	15.8	15.2	12.9	9.1
Infant mortality per 1,000 live births, 1998-2002	9.7	14.3	8.4	7.8	6.6
Percent with blood lead ≥10µg/dL, ages 0-5, 2002	†	18.0	12.0	10.0	7.0
Indicators of Health Status – Infectious Disease					
Tuberculosis incidence per 100,000 population, 2003	0.0	21.5	38.4	14.3	4.4
AIDS incidence per 100,000 population, 2002	†	114.5	†	44.0	12.8
Indicators of Access to Care					
Percent without health insurance, ages 18-64, 2000-2003	7.8	16.9	14.5	19.8	9.5
Percent with a specific source of on-going health care, ages 18+, 2000-2003	†	82.3	74.5	76.3	84.4
Percent with a mammogram in past 2 years, women ages 40+, 2000-2003	†	90.2	†	91.0	91.3

†Insufficient data to produce a reliable value.

underlying causes, it can impact the health consequences with programs and policies. Notable examples of successes in Rhode Island are the high rates of breast cancer screening with mammography experienced by minority women and the high proportions of pregnant women in all racial and ethnic groups who receive early prenatal care. These and other successes show that the health disparities experienced by minority groups in Rhode Island can be eliminated or reduced. The same level of planning and resources must be brought to bear on the full range of health disparities for Rhode Island to meet its commitment by 2010.

Acknowledgement. The authors gratefully acknowledge the contributions of Rebeckah Rodericks, a student at Brown University who served as intern in the Office of Minority Health in 2004, to the production of the latest edition of the Minority Health Fact Sheets.

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Originally published in the December 2004 issue of Medicine & Health / Rhode Island

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